

STATE OF MICHIGAN
RETIREE LIFE INSURANCE
BENEFICIARY DESIGNATION FORM

NOTE: Someone other than
your beneficiary must
witness your signature.

PLEASE TYPE OR PRINT FIRMLY WITH A BALL POINT PEN. If an error is made, complete a new form.

Forms with erasures or corrections cannot be accepted.

BE SURE TO RETURN BOTH COPIES OF THIS FORM TO THE ADDRESS BELOW.

A VERIFICATION OF THE COMPLETED FORM WILL BE RETURNED TO YOU.

PENSION RECIPIENT INFORMATION

Name _____

Address _____

City, State, ZIP _____

Social Security Number _____

Telephone Number _____

(_____)_____-_____

BENEFICIARY DESIGNATION — List your beneficiary choice(s) below. PLEASE PRINT. If you name more than one beneficiary, all of them will share equally. If you want the life insurance benefit payments divided differently, list the percent you want to go to each beneficiary in the percent of share column. Additional beneficiaries may be listed on a separate sheet of paper and attached to this form.

NAME	RELATED TO ME AS	ADDRESS OF BENEFICIARY	% SHARE IF NOT EQUAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You may designate a contingent beneficiary(ies), in case your beneficiary(ies) dies before you do. If you do not choose a contingent beneficiary, your beneficiary will be determined according to the guidelines described in the Certificate/Booklet. Please list your contingent beneficiary(ies) below.

CONTINGENT BENEFICIARY(ies)

Name _____

Related to me as _____

Street Address _____

City, State, ZIP Code _____

Percent of share if not equal _____

FOR OFFICE USE ONLY
DATE RECORDED AND FILED
WITH RETIREMENT OFFICE

I HAVE READ THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE OF THIS FORM. I
REVOKE ALL PREVIOUSLY FILED BENEFICIARY DESIGNATIONS.

SIGNATURE OF PENSION RECIPIENT _____

DATE _____

SIGNATURE OF WITNESS _____

DATE _____

IF YOU HAVE HEARING OR SPEECH DIFFICULTIES AND NEED ASSISTANCE IN COMPLETING THIS FORM, CONTACT THE MICHIGAN RELAY CENTER (1-800-649-3777). IF YOU HAVE OTHER DISABILITIES, CONTACT THE STATE EMPLOYEE RETIREMENT OFFICE (517-322-6215)

RETURN BOTH COPIES OF THE COMPLETED FORM TO:
STATE EMPLOYEES or STATE POLICE RETIREMENT SYSTEM, P.O. Box 30171, LANSING, MI 48909

INSTRUCTIONS

(PLEASE READ CAREFULLY)

Use This Form If:

- ⇒ You want to designate a different beneficiary from any previous beneficiaries.
- ⇒ Any or all of your previously designated beneficiaries have died.
- ⇒ You get a divorce, and you wish to change your beneficiary.

NOTE: Divorce automatically cancels a spouse's beneficiary designation. If you want to keep your ex-spouse as a beneficiary, you must file a new form, with "ex-spouse" or "friend" in the "Related to Me As" column in the designation section.

Who Can Be Named as a Beneficiary?

- ⇒ Any person or institution - except a funeral home.

How to List a Beneficiary on This Form:

- ⇒ If you want to name a married or widowed woman as your beneficiary, list her full given name - Mary J. Smith, not Mrs. John H. Smith. Likewise, a retiree who is married or widowed should use her full given name.
- ⇒ If you name two or more beneficiaries that you do not want to share equally, indicate the percentage each beneficiary should receive in the far right column beside each beneficiary's name. Do not specify dollar amounts.

If You Want to Name a Contingent Beneficiary:

- ⇒ You may designate a contingent beneficiary who will receive your life insurance benefit if your named beneficiary(ies) die(s) before you do. List your choice in the area below the regular beneficiary selection. You may list your estate as a contingent beneficiary.

If You Do Not Have Any Beneficiaries Listed or Living:

- ⇒ Your life insurance benefit will be paid to specific relatives in this order:
 1. First, to your spouse, if living
 2. Otherwise, equally to your natural and adopted child(ren);
 3. Otherwise, equally to your surviving parent(s);
 4. Otherwise, equally to your brother(s) and sister(s);
 5. Otherwise, to your estate.

**RETURN BOTH COPIES TO STATE EMPLOYEES OR STATE POLICE RETIREMENT OFFICE
P.O. BOX 30171, LANSING, MI 48909
IF YOU HAVE QUESTIONS, PLEASE CALL (517)322-6215.**

STATE OF MICHIGAN
RETIREE LIFE INSURANCE
BENEFICIARY DESIGNATION FORM

PLEASE TYPE OR PRINT FIRMLY WITH A BALL POINT PEN. If an error is made, complete a new form.

Forms with erasures or corrections cannot be accepted.

BE SURE TO RETURN BOTH COPIES OF THIS FORM TO THE ADDRESS BELOW.

A VERIFICATION OF THE COMPLETED FORM WILL BE RETURNED TO YOU.

PENSION RECIPIENT INFORMATION

Social Security Number

Name _____

_____ - _____ - _____

Address _____

Telephone Number

City, State, ZIP _____

(_____) _____ - _____

BENEFICIARY DESIGNATION — List your beneficiary choice(s) below. PLEASE PRINT. If you name more than one beneficiary, all of them will share equally. If you want the life insurance benefit payments divided differently, list the percent you want to go to each beneficiary in the percent of share column. Additional beneficiaries may be listed on a separate sheet of paper and attached to this form.

NAME	RELATED TO ME AS	ADDRESS OF BENEFICIARY	% SHARE IF NOT EQUAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You may designate a contingent beneficiary(ies), in case your beneficiary(ies) dies before you do. If you do not choose a contingent beneficiary, your beneficiary will be determined according to the guidelines described in the Certificate/Booklet. Please list your contingent beneficiary(ies) below.

CONTINGENT BENEFICIARY(ies)

Name _____

Related to me as _____

Street Address _____

City, State, ZIP Code _____

Percent of share if not equal _____

FOR OFFICE USE ONLY

DATE RECORDED AND FILED

WITH RETIREMENT OFFICE

I HAVE READ THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE OF THIS FORM. I
REVOKE ALL PREVIOUSLY FILED BENEFICIARY DESIGNATIONS.

SIGNATURE OF PENSION RECIPIENT _____

DATE _____

SIGNATURE OF WITNESS _____

DATE _____

IF YOU HAVE HEARING OR SPEECH DIFFICULTIES AND NEED ASSISTANCE IN COMPLETING THIS FORM, CONTACT THE MICHIGAN RELAY CENTER (1-800-649-3777). IF YOU HAVE OTHER DISABILITIES, CONTACT THE STATE EMPLOYEE RETIREMENT OFFICE (517-322-6215)

RETURN BOTH COPIES OF THE COMPLETED FORM TO:

STATE EMPLOYEES or STATE POLICE RETIREMENT SYSTEM, P.O. Box 30171, LANSING, MI 48909